

18-19 Title IV Parent Authorization

Criswe	ll Student ID):			
Studer	ıt's Full Nam	e:			
		Last	First	M.I.	
Parent	's Full Name	:			
		Last	First	M.I.	
institut educat funds t	tionally conti ionally relate	racted room and board. Crised charges. This form authoed aducational fees not listed a	le IV program funds to cover swell College must obtain wri rizes Criswell College to appl bove (late fees, payment pla	itten consent to cover other	
Please	check the a _l	opropriate boxes to indicate	e your choices:		
1.	I authorize Yes	Criswell College to use Title No	IV funds to pay other educat	ionally related expenses.	
2.		Criswell College to use Title IV funds to pay for prior-year educational related expenses 00 on my student account.			
	☐ Yes	☐ No			
I unde	rstand:				
		e above authorizations will r Il College	emain in effect during my en	ntire academic career at	
		form may be rescinded at any time by submitting an updated authorization form that boon receipt			
	• that I ca	an request a copy of this for	m at any time from the Offic	e of Financial Aid	
Stu	ıdent's Signa	ature	Date	2	
Pa	rent's Signat	cure	Date	<u> </u>	

Return this completed form to:

Office of Financial Aid - Criswell College - 4010 Gaston Avenue - Dallas, TX 75246